



CCF CLEVELAND CLINIC  
MAIN  
9500 EUCLID AVE  
CLEVELAND OH 44195-0001

Zak, Erika L  
MRN: 86642569, DOB: [REDACTED] Sex: F  
Visit date: 8/22/2019

8/28/2019 5:29 PM - Interface, Results II (continued)

Specimen originated from Cleveland Clinic

Specimen #: S19-123485  
Submitting Physician: KOJI HASHIMOTO, MD

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#### FINAL DIAGNOSIS

1. Left paraaortic lymph node #1, excision (A)
  - One lymph node, negative for neoplasm (0/1).
2. Liver, biopsy (B) - Liver parenchyma with no significant diagnostic alteration, see comment.
3. Native liver, explant for transplantation (C)
  - No residual adenocarcinoma seen. See comment.
  - Focal necrosis with associated calcifications and fibrosis, consistent with prior treatment effect.
  - Cirrhosis with marked cholestasis, hepatic artery and portal vein thrombosis.
  - Bile ducts with ulceration and reactive changes, consistent with history of biliary catheter.
  - Negative surgical margins.
  - No evidence of lymphovascular or perineural invasion.

DSA/kr 08/27/2019

#### COMMENT

2. The overall hepatic architecture is preserved. There is no evidence of steatosis or cholestasis. Portal or lobular inflammation is not seen. The interlobular bile ducts and hepatic vasculature are unremarkable. PAS/D stain does not reveal alpha-1 antitrypsin inclusions. The iron stain shows increased iron deposition in Kupffer cells and rare hepatocytes (1+ of 4+), consistent with secondary iron overload. The trichrome stain does not reveal any fibrosis.

3. The sections demonstrate liver parenchyma with nodular architecture



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consistent with cirrhosis. Fibrous bands contain bile ductular proliferation and mild chronic inflammatory infiltrates are noted. There is extensive canalicular and hepatocellular cholestasis. Steatosis is not seen. There is individual hepatocellular necrosis and dropout. Diffuse ballooning degeneration or Mallory hyaline is not seen. Some of the sections reveal evidence of partially recanalized hepatic artery and portal veins thrombosis with occasional foci of complete obliteration of the vascular lumen. The sections from the hilar region reveal bile duct with mucosal ulceration and prominent granulation tissue, associated with the history of a biliary catheter. There are some bile lakes with accompanying inflammatory cells including multinucleated giant cells. PAS/D stain does not reveal alpha-1 antitrypsin inclusions. The iron stain is negative for abnormal iron deposition. The patient's history of colorectal cancer metastatic to the liver and prior chemotherapy is noted. She also had a history of portal vein and hepatic artery thrombosis. The findings are consistent with end stage liver disease (cirrhosis). Even though these findings are not specific, could be associated with chemotherapy induced liver injury and superimposed complications of cirrhosis.

Daniela S. Allende, M.D.  
(Electronic Signature)

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SPECIMEN SUBMITTED  
A: LEFT PARA AORTIC LYMPH NODE #1  
B: LIVER, BIOPSY  
C: NATIVE LIVER

CLINICAL DATA  
CIRRHOSIS  
RULE OUT CARCINOMA

INTRAOPERATIVE CONSULT DIAGNOSIS



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FSA1: Negative for carcinoma. (Dr. Cruise)

Intraoperative diagnosis performed at  
Cleveland Clinic, 9500 Euclid Ave,  
Cleveland OH 44195

GROSS DESCRIPTION

A. Received fresh labeled as "paraaortic lymph node #1" is one piece of tan-brown lymph node tissue, measuring 1 x 0.7 x 0.7 cm. The specimen is totally submitted for frozen section as FSA1.

JS/lbk 08/23/2019

Gross examination performed at Cleveland Clinic, 9500 Euclid Ave., Cleveland, OH 44195

B. Received in formalin on Telfa gauze are two segments of cylindrical tissue aggregating to 2.3 x 0.1 x 0.1 cm, brown-black and of a friable consistency. Totally submitted in formalin in one cassette.

Gross examination performed at Cleveland Clinic, 9500 Euclid Avenue, Cleveland, Ohio 44195

EMC 8/23/2019 12:52:54 PM

C. Received fresh designated "native liver" is an entire liver with attached segments of extrahepatic biliary tree without gallbladder, weighing 1940 grams and measuring 23 x 17 x 9 cm. The capsular surface is ragged. The overall configuration of the liver is slightly distorted due to previous surgical excisions. On cross section, the parenchyma is green-brown and cirrhotic with a tan, hemorrhagic and ill-defined nodule that measures 1.1 x 1 x 1 cm. The nodule is located in what grossly appears to be segment 6, 0.2 cm from the capsular surface and 11 cm from the hilum. Also throughout the parenchyma are multiple yellow slightly gelatinous and ill-defined areas of irregularity with focal areas of calcification that range in size from 2 to 5 cm in greatest dimension. Also at the hilum are



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markedly firm areas of calcification.  
Cirrhotic nodules range in size from  
0.1 to 0.2 cm in greatest dimension. The  
hepatic and portal veins are  
patent. Intrahepatic bile ducts are prominent.  
Representative sections are  
submitted as follows: C1 hepatic duct, hepatic  
artery and portal vein, C2  
hepatic vein, C3-C4 entire nodule, C5-C8  
representative yellow areas of  
irregularity, C9 uninvolved liver parenchyma.

WE/glw 08/23/2019

Gross examination performed at Cleveland  
Clinic, 9500 Euclid Ave.,  
Cleveland, OH 44195

Patient ID #: 86642569  
Date of Report: 8/28/2019  
Date of Procedure: 8/22/2019  
Date of Receipt: 8/22/2019  
Submitted by: KOJI HASHIMOTO, MD  
Location: HCA3  
Diagnostic interpretation performed at  
Cleveland Clinic, 9500 Euclid Ave,  
Cleveland OH 44195. CLIA Number: 36D0656094

Lab and Collection

SURGICAL PATHOLOGY - 8/22/2019

Order Information

Collection Date 8/22/2019	Collection Time 12:00 AM	GENERAL LAB
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Order Information

Date and Time 8/22/2019 12:00 AM	Department Cleveland Clinic Department	Ordering Interface, Results II	Authorizing Koji Hashimoto
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Order Providers

Authorizing Provider Koji Hashimoto	Encounter Provider Koji Hashimoto
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**END OF REPORT**